

**BRIDGEPORT BOARD OF EDUCATION
SCHOOL HEALTH SERVICES**

School District _____ School _____ Grade _____

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICINE BY SCHOOL PERSONNEL
Connecticut State Law and Regulations 10-212(a) require a written medication order of an authorized prescriber, (Physician, dentist, advanced practice registered nurse or physicians's assistant) and parent/guardian written authorization, for the nurse, or in the absence of the nurse, a designated principal or teacher to administer medication. Medications must be in the original properly labeled container and dispensed by a physician/pharmacist

Prescriber's Authorization

Name of Student: _____ Date of Birth: _____

Address: _____

Condition for which drug is being administered: _____

Drug Name/Generic Name: _____ Dose: _____ Route: _____

Time of Administration: _____ If PRN, frequency: _____

Relevant side effects: None expected Specify: _____

ALLERGIES: NO YES (Specify): _____

Medication shall be administered from: _____ to _____
Month/Day/Year Month/Day/Year

Prescriber's Name/Title: _____

(Type or print)

Telephone: _____ Fax: _____

Address: _____

Prescriber's Signature _____ Date: _____

PARENT/GUARDIAN AUTHORIZATION

I hereby request that the above ordered medication be administered by school personnel. I understand that I must supply the school with no more than a 3 month supply of medication. I understand that this medication will be destroyed if not picked up within one week following termination of the order or the last day of school, whichever comes first. I give permission for exchange of information between the School Nurse and prescriber necessary to ensure the safe administration of such medication.

Parent/Guardian Signature: _____ Date: _____

Parent's Home Phone #: _____ Work #: _____

SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL

Self administration of medication may be authorized by the prescriber and parent/guardian and must be approved by the school nurse in accordance with Board policy.

Prescriber's authorization for self administration: Yes No _____
Signature Date

Parent/Guardian authorization for self administration: Yes No _____
Signature Date

School Nurse approval for self administration: Yes No _____
Signature Date

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REV 12/2010